United States Bankruptcy Court Eastern District of New York

Credit Card Blanket Authorization Form

I hereby authorize the United States Bankruptcy Court for the Eastern District of New York to charge the main credit card or the alternate credit card listed below for payment of fees, costs, and expenses which are incurred by myself or any member or employee of the law firm, partnership, or professional corporations stated below. I certify that I am authorized to sign this form on behalf of my law firm.

(Please indicate which card is to be the <u>m</u>ain card and the <u>a</u>lternate card)

MasterCard No			Exp. Date:	_
Visa Card No			Exp. Date:	_
Discover Card No			Exp. Date:	_
American Express No			Exp. Date:	_
Diners Club No			Exp. Date:	<u> </u>
Credit Cardholder's Nan	ne:			_
NAMES OF INDIVIDUALS AU PAYMENT OF FEES, COSTS,		SE ACCOUNT N	NUMBERS LISTED ABOVI	E FOR
Cardholder's Mailing Ad				
City:	State:	_ Zip Code:		
Law Firm Name: (Or name of sole practitioner) Address:				_
Phone No:		Fax No:		_
This form will be kept on file in the It is the responsibility of the law for changes to authorized users, a new revoked, cancelled, or stolen.	firm/company named	above to submit a	new form and notify the cour	t of any
Signature:		Date:_		_

^{*} Note: The card indicated above as the main card will be used for all transactions with this court unless otherwise specified by the authorized user.